

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2012  
FORM APPROVED  
OMB NO 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445328	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  11/15/2012
NAME OF PROVIDER OR SUPPLIER  FORT SANDERS TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 1901 CLINCH AVE KNOXVILLE, TN 37918		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to revise the care plan for a pressure sore for one (#37) of twenty-nine residents reviewed.</p> <p>The findings included: Resident #37 was admitted to the facility on July 20, 2012, with diagnoses including Thoracic Lumbar Radiculopathy with Retained Internal Fixation and Postop Removal Internal Fixation with Decompression.</p>	F 280	<p>Patient #37 plan of care was reviewed and noted that it did not include the pressure ulcer and wound care. The patient had been discharged; however, staff was educated on how the plan of care is to be updated with new wound care orders.</p> <p>Medical records reviews were conducted on 100% of current residents to ensure that the Care Plans had been updated in accordance with new or changed treatments and orders.</p> <p>Education will be provided to all licensed staff regarding timely updating of the care plan with new or changed orders applicably.</p> <p>During the 24 hour chart check, nightshift nurse will verify that the Care Plan has been updated reflecting any order/treatment changes applicable to the Plan of Care</p> <p>To ensure compliance with this standard, thirty medical records will be audited per month for three months to ensure that the Care Plan has been updated appropriately. If compliance is noted, the audit will occur quarterly for three quarters. Findings will be presented to the Quality Improvement Committee monthly then quarterly by the TCU Director of Nursing.</p>	11/16/12	12/15/12
				Ongoing	Ongoing

LABORATORY, DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X8) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER  FORT SANDERS TCU			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 CLINCH AVE KNOXVILLE, TN 37916		
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F 280	Continued From page 1  Medical record review revealed a Braden Scale For Predicting Pressure Sore Risk was completed on July 20, 2012. Further review revealed the resident was at moderate risk for developing pressure sores.  Medical record review revealed on July 26, 2012, the resident developed two stage 2 pressure sores on the left ankle with Physician Orders obtained for wound care.  Medical record review of the Nursing Interim Care Plan dated July 26, 2012, revealed no documentation to address the resident's pressure sores and wound care.  Interview with the Director in the conference room, on November 15, 2012, at 9:00a.m., confirmed the care plan had not been revised to include the two Stage 2 pressure sores and wound care.	F 280			
F 508 SS=D	483.75(k)(1) PROVIDE/OBTAIN RADIOLOGY/DIAGNOSTIC SVCS  The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to follow physician's orders to conduct a diagnostic test timely for one resident (#218) of twenty-nine residents reviewed.	F 508	On 11/15/12 at 10:00am, echocardiogram was completed Nurse practitioner was called and NP reviewed echocardiogram results. Medical record reviews were conducted on 100% of residents to ensure that all orders were entered correctly and results were made available in a timely fashion to the LIP (Licensed Independent Practitioner)	11/15/12	

*Kate A. Arnsperger CRO*

5 Dec 2012

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NAME OF PROVIDER OR SUPPLIER

FORT SANDERS TCU

STREET ADDRESS, CITY, STATE, ZIP CODE  
1901 CLINGMAN AVE  
KNOXVILLE, TN 37916

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F 508	<p>Continued From page 2</p> <p>The findings included:</p> <p>Resident #218 was admitted to the facility on October 31, 2012, with diagnoses including Respiratory Distress, Congestive Heart Failure, Anemia, Cirrhosis, and Diabetes.</p> <p>Medical record review of a Physician's Order dated November 12, 2012, at 9:42a.m. revealed an order for a diagnostic echocardiogram (echo) for resident #218. Continued record review revealed a Physician's Progress note dated October 13, 2012, "...echo results pending..." Continued medical record review revealed a Physician's Progress Note dated October 14, 2012, "...no echo results...apparently not done..." Review of a Physician's Order, for the same date (October 14, 2012), revealed "...make sure echo ordered on 10-12-12 done..."</p> <p>Continued medical record review revealed a notation in the progress notes, by the radiology department, dated November 15, 2012, at 10:00 a.m., indicating the echocardiogram had been completed.</p> <p>Interview with the Director of Nursing (DON) on November 15, 2012, at 1:35 p.m., in the conference room, revealed the night shift nurses are responsible for chart audits each night, to ensure the days treatments/orders are processed timely. Continued interview with the DON on November 15, 2012, at 2:20p.m., in the nurse's station, revealed the echocardiogram status had not been confirmed during the chart audit on November 12 and 13, 2012.</p> <p>Interview with Facility Director, on November 15,</p>	F 508	<p>All Nursing staff will be educated on order entry in relation of not using symbols in Horizon Clinical. Nightshift nursing staff will be reeducated on 24 hour chart checks to ensure that they confirm orders are entered correctly, confirm that the test results have been obtained, and to notify the oncoming dayshift nurse if no results are noted. The Dayshift nurse will confirm with the department responsible for performing the test to ascertain status of test.</p> <p>To ensure compliance with this standard, thirty medical records will be audited per month for three months to ensure echocardiograms are obtained timely as ordered. If compliance is noted, the audit will occur quarterly for three quarters. Findings will be presented to the Quality Improvement Committee monthly then quarterly by the TCU Director of Nursing.</p>	<p>12/15/12</p> <p>Ongoing</p>

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F 508	Continued From page 3 2012, at 2:50p.m., in the conference room,  confirmed the facility failed to follow the Physician's Order timely for the echocardiogram, on November 12, 2012, resulting in a three day delay for diagnostic results.	F 508			